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| **Southwest Center for Occupational and Environmental Health****Pilot Project Research Application Form****Applications Due October 15, 2024** |

**Principal Investigator:** Click or tap here to enter text.

**Applicant Institution:** Click or tap here to enter text.

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| **PROJECT TITLE:** [Do not exceed 85 characters, including spaces and punctuation.] |
| Click or tap here to enter text. |

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| **APPLICATION INSTRUCTIONS** |

**Step 1: Prepare the application**

* Fill in name of Principal Investigator and Applicant Institution in document header.
* Read instructions in brackets and comply with page limits.
* Use Arial or Calibri 11pt font, and maintain 0.5” margins.
* Complete all sections of the application form.
* Attach additional materials as needed (see checklist below).
* Obtain necessary signatures.
* Save the application as a single PDF including all attachments.

**Step 2: Submit the application**

* Fill in the administrative information requested in the online portal here: <https://app.smartsheet.com/b/form/1a190727e6d6427686086bf7f30e7b7a>
* Identify the NORA Sectors and Cross-Sectors relevant to the proposed research. For more information about NORA click here: <https://www.cdc.gov/nora/about.html>
* Provide a Project Narrative of 2-3 sentences that describes the project goals and public health relevance.
* Upload the final proposal as one PDF including all attachments in the online submission portal here: <https://app.smartsheet.com/b/form/1a190727e6d6427686086bf7f30e7b7a>
* Click Submit!

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| **ADDITIONAL MATERIALS CHECKLIST** [Indicate which materials are included in this application.] |
| Additional Materials | **YES** | **NO** |
| Principal Investigator Biosketch [Download and attach [NIH Biosketch](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fgrants.nih.gov%2Fgrants%2Fforms%2Fbiosketch-blank-format-rev-10-2021.docx&wdOrigin=BROWSELINK)] |[ ] [ ]
| IRB Determination Letter |[ ] [ ]
| Letters of Support | [ ]  |[ ]

**For questions about completing or submitting your application, please contact:** **PilotProjects@uth.tmc.edu****.**

**Link to online portal submission:** <https://app.smartsheet.com/b/form/1a190727e6d6427686086bf7f30e7b7a>.

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| **BUDGET REQUEST** [Do not exceed 1 page. Applicant organizations are encouraged to waive indirect costs]**You must use the TAB key to navigate through the budget form. Using the Enter key will result in extra rows. Total costs for Personnel will be automatically calculated once Salary Requested and Fringe Benefits are entered. Totals for all other cost categories may be entered directly into the Total column.** |
| PERSONNEL COSTS. Provide the calendar months devoted to the project. |
| **Name** | **Role on Project** | **Calendar Months** | **Salary Requested** | **Fringe Benefits** | **Total** |
|       |       |       |       |       | $0.00 |
|       |       |       |       |       | $0.00 |
|       |       |       |       |       | $0.00 |
|       |       |       |       |       | $0.00 |
| SUBTOTALS | $0.00 | $0.00 | $0.00 |
| **CONSULTANT COSTS** [Indicate ‘None’ if not requested] |
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| **EQUIPMENT COSTS** [Indicate ‘None’ if not requested] |
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| **SUPPLIES (*Itemize by category)*** [Indicate ‘None’ if not requested] |
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| **OTHER EXPENSES (*Itemize by category****)* [Indicate ‘None’ if not requested] |
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|       |       |
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| **SUBTOTAL (DIRECT COSTS)** | $0.00 |
| **FACILITIES AND ADMINISTRATIVE COSTS (INDIRECT COST)** [Limited to 8% of direct costs, exclusive of equipment, tuition, and fees.] | $0.00 |
| **Enter this amount in the online submission portal TOTAL COSTS**  | $0.00 |

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| **Budget Justification** [Provide justification for each category of funds requested. Add or delete rows in cells as needed. Do not exceed 1 page.] |
| **Personnel Costs:** Click or tap here to enter text.  |
| **Consultant Costs:** Click or tap here to enter text. |
| **Equipment Costs:** Click or tap here to enter text. |
| **Supplies:** Click or tap here to enter text. |
| **Other Expenses:** Click or tap here to enter text.  |
| **Institutional Indirect Cost:** [Applicant organizations are encouraged to waive indirect cost.]Click or tap here to enter text. |

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| **PROJECT summary** [Do not exceed 1 page.] |
| **Background:** Click or tap here to enter text.**Project Objectives and Aims:** Click or tap here to enter text.**Research Design and Methods:** Click or tap here to enter text.**Anticipated Impact:** Click or tap here to enter text. |

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| **Specific Aims** [Do not exceed 1 page] |
| Click or tap here to enter text.  |

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| **Research Strategy** [Add or delete rows in cells as needed. Do not exceed 2 pages.] |
| **Significance:** [Address the burden, need, and potential impact of the proposed study.]Click or tap here to enter text. |
| **Investigator(s):** [Are the Investigators and Mentor well-suited to conduct this study?]Click or tap here to enter text. |
| **Innovation:** [Describe the innovative or novel aspects of the proposed research.]Click or tap here to enter text.  |
| **Approach:** [Describe the methodological approach and how it will achieve the specific aims.]Click or tap here to enter text. |
| **Environment:** [Describe the resources and environment in which the proposed research will be carried out.]Click or tap here to enter text. |

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| **Plan for dissemination of results and follow-on research** [Describe the plan for dissemination of results in the peer-reviewed literature and future research applications. Do not exceed 1 page.] |
| Click or tap here to enter text.  |

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| **REFERENCES** [Do not exceed 2 pages.] |
| Click or tap here to enter text. |

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| **ReSEarcher QUALIFICATIONS** [Do not exceed 1 page. Provide justification of PI’s eligibility for the category of award requested. See category descriptions here: <https://go.uth.edu/pilot-project> |
| Award Category (select one): [ ]  Research Trainee or [ ]  Junior Investigator.Click or tap here to enter text.  |

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| **Mentoring Plan** [This section is for Research Trainees only. Do not exceed 2 pages. Provide mentoring plan including: mentor qualifications, goals of mentoring process, frequency of interaction, supervision and feedback, and mentor’s role in proposed research and degree of oversight over project outputs/outcomes.] |
| Click or tap here to enter text. |

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| **Researcher and ORGANIZATION Attestations** [This section must be completed.] |

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| **PRINCIPAL INVESTIGATOR ATTESTATION** [Certified electronic signatures are accepted.] |

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

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Signature of Principal Investigator (PI) Date

Printed Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Faculty Mentor/Advisor [Research Trainees only.] Date

Printed Name of Mentor/Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APLICANT ORGANIZATION ATTESTATIONS** [Certified electronic signatures allowed.] |

1. I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the SWCOEH ERC terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
2. Waiver of Indirect Cost Recovery [Select the appropriate option.]

[ ]  In consideration of the pilot nature of this research training opportunity, the applicant organization agrees to waive indirect cost recovery.

[ ]  The applicant organization has not agreed to waive indirect cost (IDC) recovery and 8% IDC has been charged to project costs, exclusive of equipment, tuition, and fees.

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| Signature of Applicant Organization Signing Official | Date |

Printed Name of Signing Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_